



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. .... Name ..... Corps .....

### Questions to be put to the Recruit before Enlistment.

- |  |                                      |
|--|--------------------------------------|
| 1. What is your name? .....  | 1. ....                              |
| 2. What is your full Address? .....  | 2. ....                              |
| 3. Are you a British Subject? .....  | 3. ....                              |
| 4. What is your age? .....   | 4. .... Years ..... Months .....     |
| 5. What is your Trade or Calling? .....  | 5. ....                              |
| 6. Are you Married? .....  | 6. ....                              |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? }                                 | 7. ....                              |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. ....                              |
| 9. Are you willing to be enlisted for General Service? .....   | 9. ....                              |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... }                                     | 10. .... { Name .....<br>Corps ..... |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. ....                             |

I .....do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

.....SIGNATURE OF RECRUIT.

.....Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I .....do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this.....day of.....191

Signature of Attesting Officer .....

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date.....191 ..... } Approving Officer.  
Place..... }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

# DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Robert S. Brown

Apparent age 18 years 11 months. Height 5 feet 10 inches

Chest Measurement { Girth when fully expanded 33 1/2 inches  
 Range of expansion 3 1/2 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Belmont Brown 30 King St. Boston | Relationship Brother

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days

Pensions " \_\_\_\_\_ " \_\_\_\_\_ " \_\_\_\_\_ "



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4392 Name Martin Spory ~~Corps~~ RD

### Questions to be put to the Recruit before Enlistment.

- 1. What is your name? ..... 1. Martin Spory
- 2. What is your full Address? ..... 2. 39 Cabot Street  
St Johns
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 18 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Tatauner
- 6. Are you Married? ..... 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. Yes
- 9. Are you willing to be enlisted for General Service? ..... } 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. { Name .....  
Corps .....
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } 11. Yes

I, Martin Spory ..... do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Martin Spory ..... SIGNATURE OF RECRUIT.  
James Blunt ..... Signature of Witness.

a. 8th 18

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Martin Spory ..... do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 8 day of April 1918

Signature of Attesting Officer James Blunt

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date.....191.....  
Place.....  
Approving Officer. James Blunt

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....



## DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Martin Sperry  
 Apparent age 18 years  months. Height  feet  inches  
 Chest Measurement { Girth when fully expanded 32 1/2 inches  
                                   Range of expansion 3 1/4 inches  
 Distinctive marks

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Edward Sperry 39 Casey St. St. Johns | Relationship Father

#### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)
			J

#### Particulars as to Children

Christian Names	Date and Place of Birth

### STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>8-4-18</u>									
Joined at <u>St. John's</u> on <u>April 8-4-1918</u>									
<u>Discharged: St. John's. Jan. 15/1919.</u>									
<u>Special duty Home Defense Detly. H. 149-18.</u>									
<u>Returns to Headquarters 2-10-1918.</u>									
<u>Demobilization St. John's 15-1-1919</u>									
<u>No Active Service!</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>15-1-1919</u> (date of discharge) <u>280</u> years <u></u> days									
Pensions " " " " " " " "									

C.R. 4392

Extract of Daily Orders Part II, dated Jan. 16th 1919.  
Depot, St. John's.

The discharge of the u denoted on demobilization has been  
confirmed by the Officer i/c records on 15-1-19

4392 Pte. M. Spry

C.R. 4392

Extract from Daily Orders part 11, depot St. John's dated Dec. 21st. 1918.

The undernoted discharge on demobilisation have been discharged by Officer Commanding discharge depot from noted date. He is removed from depot strength and transferred to discharge depot pending confirmation by Officer i/o Records.

#4393 Pte. Martin SPW.

18-12-18.

C.R. 4392

Extract of Daily Orders, Part 11, Unit: The Royal Newfoundland Regiment,  
dated Oct. 2nd 1918.

THE FOLLOWING RETURNED FROM SPECIAL DUTY AT PETTY HARBOUR:

4392 Pte. M. Spry.

Extract from Daily Orders part 11, from Unit The  
Royal Newfoundland Regiment, St. John's, dated  
April 9th, 1918.

#4392 Pte. M. Spry.

Attested for General Service with the 1st, Newfound-  
land Regiment from 8/4/18.



C.R. 4392

Extract from Daily Orders part 11 Depte Sept. 16th 1918.

4392 Pte M. Spry

the above mentioned soldier proceeded on Special Duty to Petty Harbour 14-9-18.

Spry, Lartin

4397

Hay sept.

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

# MEDICAL HISTORY

Surname Spry OF Christian Name Martin

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Johns County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 8 day of April 1918	at St. Johns	on	day of 191
Declared Age	18 years	days	years	days
Trade or Occupation	Labourer			
Height	5 feet 3 inches		feet	inches
Weight	116 lbs.			lbs.
Chest Measurement	Girth when fully expanded...	33 1/2 inches		inches
	Range of Expansion..	3 1/2 inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= 6/6		R.E.—V=	
	L.E.—V= 6/6		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection.	(b)		(b)	
Approved by (Signature)	<u>James P. Peterson</u>			
(Rank)	Majr			
	Medical Officer.			Medical Officer.
Enlisted	at St. Johns	on 8 <sup>th</sup> day of April 1918	at	day of 191
Joined on Enlistment	Corps.	The Royal Nfld Regt	Regtl. No.	H 392
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				









## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

*To work as Labourer.*

*Arthur Spry*

Signature of Man

Reg. No. *4392*

*W. Dickes Capt.*

Signature of the Vocational Officer or his Representative.

Place *St John's N.F.L.D.*

Date *18/12/18.* 191

LEAVE OF ABSENCE WITHOUT PAY

In consideration of having been granted leave of absence without pay from the Royal Newfoundland Regiment for I agree to free the Royal Newfoundland Regiment from any responsibility or claim whatsoever, on my behalf, arising during that period of absence without pay on account of my service in the Regiment since attestation.

This leave of absence is subject to my reporting for duty at any time when ordered within ~~that~~ the period mentioned.

Date 22-11-18.

Signature of soldier P. S. H. Spry

Witness R. E. Edward  
Edm.

.....

REPORT OF DEPOT MEDICAL OFFICER

941  
Examination on No. 4392 Rank Pte Name Spry, P.

Held 22-11-18 at St. John's. Nfld.

This is to certify that the above mentioned soldier has been medically examined and that he suffers from no disability whatsoever on account of Military Service in the Royal Newfoundland Regiment.

L. P. ...  
Medical Officer, Depot

4.392 Pre. M. Apuy is granted  
leave of absence without pay till  
further orders.

Employer - S. M. Barr

RH Just Com

For 11/18







This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Martin Spoy*.

aged *18* conducted at *Headquarters*

Date: *April 8/15.* Recruiting Officer:

NO OF TEST FINDING

1 *no*  
2 *no*  
3 *no*  
4 *no*  
5 *no*  
6 *no*  
7 *yes*  
8 *yes*  
9 *no*

10 *✓*  
11 *✓*  
12 *✓*  
13 *✓*  
14 *✓*  
15 *✓*  
16 *✓*  
17 *✓*  
18 *✓*  
19 *6/10 both*  
20 *✓*  
21 *✓*  
22 *✓*  
23 *✓*  
24 *✓*  
25 *✓*  
26 *✓*  
27 *✓*  
28 *✓*  
29 *✓*  
30 *✓*  
31 *✓*  
32 *✓*

33 *yes 9 yrs. ago 2 scars on left arm*  
34 *5ft 3"*  
35 *116 lbs*  
36 *30" 33 1/2*  
37 *✓*

38 *Father Edward 39 Carey Street St Johns*  
39 *Redbody.*

*1292*

*7/1*

Signature of Medical Examiner:

*B. Babson*



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4397A Rank PLV Name Spry, Martin  
 Date of Enlistment 8. 4. 18 Address St. John's District St. John's  
 Occupation Laborer Classification for Discharge A Medical Category AE  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/86	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	" 6	
B 179c	B 120	M 93		

Date 17.12.18

M. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Martin Spry

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph H. Lawrence

Date.....

O i/c. Re-clothing.

18-12-18

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *Nil* to his home  
 at *St John* and Release Certificate No. *449* issued.

Date *18-12-18*

*OB Duks Capt*  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to *15-1-19*

Date *18-12-18*

*W. Bailey Capt*  
 Depot Paymaster.

Discharge approved for *18 12 18*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	<i>Form B</i>
E 178	W 3494	B 122	Board 1st	" 2	
F 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date *19 12 18*

*OB Duks Capt*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to—  
 Officer in Records.  
 Board of Pension Commissioners.  
 with following additional documents.

Date *DEC 20 1918*

*R.H. [Signature]*  
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date *Dec 23/1918*

RECEIVED  
BOY  
January 15th. 1919

#4392 Pte. Martin Spry,

#39 Casey St.,

City.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 508."

Yours faithfully,

Captain,  
Paymaster & Officer i/c Records.

Enc'l 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4592 Rank Plt Name Martin Spry  
 Intended place of residence 39 Casey St etc

2. Occupation Labourer  
 Classification of soldier A Medical Category A+

## DEMOBILIZATION.

3. The above named man is discharged in consequence of.....

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place DEC 18 1918  
 Date DEC 18 1918 W. H. Kelly Capt  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date St John's Martin Spry  
 Signature of soldier  
DEC 18 1918 W. H. Kelly Capt  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date Dec 18 1918 Martin Spry  
 Signature of soldier  
St John's W. H. Kelly Capt  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 8. 4. 18 No of days on Military  
 Discharged from service 15. 12. 18 plus 28 days Service 28 3 days

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S W. H. Kelly Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date DEC 18 1918

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St John's, Nfld W. H. Kelly Capt  
 Officer i/c Records  
 The Royal Newfoundland Regiment  
 Date January 15/1919  
038 2079/508



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name... *Martin*... 2. Surname... *S. Perry*.....

3. Rank... *Pte*..... 4. Regtl. No... *4392*.....

5. Address in full to which future payments of gratuity are to ~~fax~~ be forwarded..... *39 Casey St St John's*.....

6. Date of enlistment in the Regiment. *April 8 1918*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *no*.....

8. Relationship of such dependents... *not applicable*.....

9. Address in full of such dependent... *not applicable*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.. *not applicable*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service.. *yes, April 8<sup>th</sup> 1918 to Jan 15<sup>th</sup> 1919 at Depot and 8 weeks guarding Power Station. Petty. W.*.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *not overseas, service in Nfld 283 days*.....



13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers. *no*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*

15. Have you been issued with a War Service Badge? *no*

16. Have you, during the present war, served in the Imperial Forces? *no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *not applicable*

(b). If so, was such reversion in consequence of misconduct or inefficiency? *not applicable*

19. Are you now serving in the Regt.? *no* If not give: - (a) Date of discharge. *15/1/19*

*demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

*no*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If so, are you in receipt of full pay and allowances from that Committee. *not applicable*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant: *Walter Spry*  
Place of Residence: *39 Casey St., St. Johns*  
Declared before me at: *St. Johns*

This *12* day of *March* 191*9*  
*Chas. O'Neill Cary, Notary Public*  
Signature of Barrister of the  
Supreme Court, Stipendiary Magis-  
trate, Notary Public, Justice of the  
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified Correct.			<i>W</i>	Paymaster. <i>W</i>

SEPARATION ALLOWANCE.

Claimant..... *Elizabeth Sperry* ..... (*Mother*)  
On account of..... *Martin Sperry* ..... No. *4392* Rank..... *Pte.*

Decision..... *Refused* .....  
*husband not totally incapacitated.*  
.....  
.....

Date..... *Jan. 17/1920* .....  
*W. J. Rendell Lieut. Col.*  
*M. Bowley Major*

Instructions.....  
.....  
.....  
.....

Allotment of *Nil* per payable to  
his from to  
Discontinued on account of

..... *L. P. S. J.* .....

ROYAL NEW ZEALAND REGIMENT  
(Separation Allow. Branch)

Mother

**NOTICE:**

THIS STATUTORY DECLARATION is to be filled in correctly in every detail and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE CLERK  
Separation Allowance Branch,  
St. John's, N.Z.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.  
*Martin Spry Private Royal Nfld Reg. 4392*

2. Age of soldier. Married or single.  
*19 Single*

3. Name in full of mother. Age. Occupation. Permanent Address  
*Elizabeth Spry 46 — 39 Casey Street*

4. Give name of your husband. Age. Occupation. Where employed at  
*Edward Spry 45 Labourer Dry Dock  
 Sick bed when able to work*

5. If your husband is not supporting you, state the reason.  
*He suffers from Chronic Asthma and is able to work but very little*

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this statement stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue.)  
*Chronic Asthma*

7. If you are a widow, state date and place of death of your husband.

8. Have you married again since death of above mentioned husband?

9. Names of your other children. Address in full, Age, Occu. Married or  

<i>Mabel Spry</i>	<i>39 Casey St.</i>	<i>15</i>	<i>Candy maker</i>	<i>Single</i>
<i>Beccia Spry</i>	<i>Do</i>	<i>12</i>	<i>Schoolgirl</i>	<i>Do</i>
<i>Leo Spry</i>	<i>"</i>	<i>4</i>	<i>"</i>	<i>Do</i>

10. State amount earned by (a) Yourself *Nothing*  
 (b) Your husband. *About \$120<sup>00</sup> per year*



*incomplete*

2-

11. State amount and source of any other income?

*None*

12. State value of real property belonging to you and your husband.

*No value*

13. State value of personal property belonging to you and your husband.

*No value*

14. If husband is dead, state value of real and personal property left by him

*—*

15. Actual amount contributed by soldier during the year prior to enlistment

*\$12<sup>00</sup>/<sub>xx</sub> per week*

16. Was this amount contributed weekly or monthly

*Weekly*

17. Did this amount include payment of son's board, etc.

*Yes.*

18. State your son's trade or occupation prior to enlistment.

*Labourer*

19. State amount of his wages per week.

*\$12<sup>00</sup>/<sub>xx</sub> per week*

20. State name and address of his 1st employer

*G. W. Barr*

21. State amount of monthly support from son since enlistment

*\$20<sup>00</sup>/<sub>xx</sub> per month*

22. State amount of allotment received by you from son monthly.

*20<sup>00</sup>/<sub>xx</sub> per month*

23. State from what date did you receive allotment?

*In May 1918*

24. Actual amount contributed by other children.

*Weekly.*

*Monthly*

*None. Mabel earns \$3<sup>00</sup>/<sub>xx</sub> per week none of which I receive.*

25. Are any of these children in the employ of you or husband.

*No.*

26. If not receiving support from other children, state cause. Explain fully.

*Too young.*

27. With whom are you residing at present

*I live with my husband and family at 39 Casey St.*

Allowance? If not, why?



29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much? *No.*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Govt. *No.*

32. In what capacity and in what place? \_\_\_\_\_

33. Is he in receipt of a salary as such while serving the the Royal Nfld. Regt. If so, how much? \_\_\_\_\_

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of applicant... *Elizabeth <sup>her s</sup> Spory <sup>high</sup>*

Place of residence... *39 Casey St. St. John's*

Declared and subscribed before me at... *St. John's, Nfld*  
this... *twenty seventh* day of... *June* 191*8*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *John W. Capthy*

This application must be signed by two responsible parties, one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge, after careful investigation, the above statements are correct, and the above soldier first mentioned, is the sole support of the applicant.

Signature of clergyman... *P. P. Sheehans "Deacony" St. John's*

Signature of Member of the Patriotic Committee. ....

*W. J. ...*

MEDICAL CERTIFICATE

For information of the Separation Allowance  
Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed. } Martin Spry  
4392
2. Name and age of said soldier. } Martin Spry  
19
3. Is said a chronic invalid and totally incapacitated. } yes -  
only partially
4. Of what nature is disability? } Asthma (chronic)
5. From what date has this total incapacity been existent? } Apr 20 years
6. How long is total incapacity likely to continue and what will be the effect on earning power? } Likely to remain  
throughout life  
at 70
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date? } 60%
8. Are you the regular attending Physician? } yes
9. Relationship to soldier of applicant. } m.c.

I certify that the above statements are correct.

St. John, N.H. Place

July 2, 1918 Date

I have also attended this ..... J. W. Davis, M.D. ....  
man for Asthma. Physician.

H. Robinson



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Martin Spry, Regl. No. 4392

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins August 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6450	mother	Elizabeth Spry	39 Casey St.	60
Total Allotment, £				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature]  
Officer Commanding  
Company

St. John's N.F.  
July 6 1918

(Sig.) [Signature]  
(Rank) private

Jan. 29/20

Mrs. Elizabeth Spry,  
#39 Casey St.,  
City

Dear Madam:-

I regret to inform you that your claim for Separation Allowance was mislead in this office, and has only just turned up.

I have taken the matter up with the Board of Review, and have been directed to inform you that same cannot be granted, because during the period of your son's service, your husband was not totally incapacitated, and you can not be considered to have been solely dependent upon your son.

Yours truly

Major

Raymaster







4392

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4392 Rank Plt Name Spry-Martin  
 Date of Enlistment 8.4.18 Address Sigbee's District St John's  
 Occupation Laborer Classification for Discharge A Medical Category AE  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	2	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2	1		" 6	
B 179c	B 120	M 93				

Date 17.12.18 Stoney Creek  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Martin Spry

Particulars passed to Vocational Officer for information and action.

Date.....

DEC 18 1918

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) ~~Clothing~~ Supplied Joseph H. Knowlton

Date 18-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. Nil to his home at St John's and Release Certificate No. 449 issued.

Date 18-12-18

O. B. Dicks Capt.  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 15-1-19

Date 15-12-18

M. Howley Capt.  
Depot Paymaster.

Discharge approved for 18-12-18

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	John B.
E 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 19.12.18

O. B. Dicks Capt.  
Demobilization Officer.

APPROVED. W

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**DEC 18 1918**

Date .....

R. H. East Capt.  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date Dec. 23/1918

M. Howley Capt.  
ay 81-81